


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91218 025 \*\*\*150.00

DOCUMENT # P95000006471			
1. Entity Name <b>DADE PROPERTIES, INC.</b>			
Principal Place of Business <del>5184 MAJORCA CLUB DR. BOCA RATON FL 33486</del>		Mailing Address <del>5184 MAJORCA CLUB DR. BOCA RATON FL 33486</del>	
<b>16555 WHITE ORCHID LANE</b>		<b>16555 WHITE ORCHID LANE</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>DELRAY BEACH, FL</b>		3. Mailing Address Suite, Apt. #, etc. <b>DELRAY BEACH, FL</b>	
City & State		City & State	
Zip <b>33446</b>	Country <b>USA</b>	Zip <b>33446</b>	Country <b>U.S.A</b>
4. FEI Number <b>65-0540718</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <del>GOLDBERG, MICHAEL 5184 MAJORCA CLUB DR. BOCA RATON FL 33486</del>		7. Name and Address of New Registered Agent Name <b>GOLDBERG, MICHAEL S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>16555 WHITE ORCHID LANE</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33446</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Michael Goldberg</i> <b>MICHAEL GOLDBERG</b>		DATE <b>3/6/04</b>	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDBERG, RENEE <del>5184 MAJORCA CLUB DR. BOCA RATON FL 33486</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16555 WHITE ORCHID LANE DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GOLDBERG, MICHAEL <del>5184 MAJORCA CLUB DR. BOCA RATON FL 33486</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16555 WHITE ORCHID LANE DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR IRA GOLDBERG 16555 WHITE ORCHID LANE DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Michael Goldberg</i> <b>MICHAEL GOLDBERG</b>		Date <b>3/6/04</b> Daytime Phone # <b>407 438-8010</b>	